## **CALIFORNIA FORM** FAIR POLITICAL PRACTICES COMMISSION

Date Signed .

## STATEMENT OF ECONOMIC INTERESTS

A PUBLIC DOCUMENT **COVER PAGE** Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) (FIRST) Maat Beth Paula 1. Office, Agency, or Court Agency Name (Do not use acronyms) Department of Conservation Division, Board, Department, District, if applicable Your Position Division of Oil, Gas and Geothermal Resources **Engineering Geologist** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_\_ 2. Jurisdiction of Office (Check at least one box) State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of \_\_\_\_\_ City of \_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, through Leaving Office: Date Left \_\_\_\_/\_\_\_ December 31, 2017. (Check one) The period covered is \_\_\_\_\_/\_\_\_\_ O The period covered is January 1, 2017, through the date of leaving office. December 31, 2017. O The period covered is \_\_\_ Assuming Office: Date assumed \_\_\_\_/\_\_ the date of leaving office. \_\_\_\_\_ and office sought, if different than Part 1: \_\_ Candidate: Date of Election \_\_\_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 90630 5816 Corporate Ave., Suite 100 Cypress CA DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (714) 699-0648 Paula.Maat@conservation.ca.gov I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

(File the originally signed statement with your filing official.)